



Effective Health Care

Treatment of Depression: Older vs. Newer Antidepressants Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Treatment of depression: older versus newer antidepressants was found to be addressed by an existing AHRQ comparative effectiveness review titled *Comparative Effectiveness of Second-Generation Antidepressants in the Pharmacologic Treatment of Adult Depression*, which is in the process of being updated. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed during the process of the review.
 - When a draft of this update is completed, it will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other EHC Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/getinvolved.cfm?invovetype=subscribe>.
- The original report may be accessed as follows:
 - Gartlehner G, Hansen RA, Thieda P, DeVeugh-Geiss AM, Gaynes BN, Krebs EE, Lux LJ, Morgan LC, Shumate JA, Monroe LG, Lohr KN. Comparative Effectiveness of Second-Generation Antidepressants in the Pharmacologic Treatment of Adult Depression. Comparative Effectiveness Review No. 7. (Prepared by RTI International-University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016.) Rockville, MD: Agency for Healthcare Research and Quality. January 2007. Available at: <http://effectivehealthcare.ahrq.gov/healthInfo.cfm?infotype=rr&ProcessID=7%20&DocID=61>
- Another recent systematic review was identified that also addresses the topic:
 - Cipriani A, Geddes JR, Furukawa TA, Barbui C. Metareview on short-term effectiveness and safety of antidepressants for depression: an evidence-based approach to inform clinical practice. *Canadian Journal of Psychiatry*. 2007;52:553-562. (PMID: 17953159)

Topic Description

Nominator:	National non-governmental advisory group
Nomination Summary:	The nominator questions the comparative effectiveness of newer versus older pharmaceutical therapy for the treatment of depression.
Key Questions from Nominator:	None

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- The topic of treatment of depression: older versus newer antidepressants was found to be addressed by two existing reports.
 - An existing AHRQ review titled *Comparative Effectiveness of Second-Generation Antidepressants in the Pharmacologic Treatment of Adult Depression*. Key questions from this report include:
 1.
 - a. For adults with MDD, dysthymia, or subsyndromal depressive disorders, do commonly used medications for depression differ in efficacy or effectiveness in treating depressive symptoms?
 - b. If a patient has responded to one agent in the past, is that agent better than current alternatives at treating depressive symptoms?
 2.
 - a. For adults with a depressive syndrome, do antidepressants differ in their efficacy or effectiveness for maintaining response or remission (i.e., preventing relapse or recurrence)?
 - b. For adults receiving antidepressant treatment for a depressive syndrome that either has not responded (acute phase) or has relapsed (continuation phase) or recurred (maintenance phase), do alternative antidepressants differ in their efficacy or effectiveness?
 3. Do medications or combinations of medications (including tricyclics in combination) used to treat depression differ in their efficacy or effectiveness for treating accompanying symptoms, such as anxiety, insomnia, and neurovegetative symptoms?
 - a. Do medications differ in their efficacy and effectiveness in treating the depressive episode?
 - b. Do medications differ in their efficacy and effectiveness in treating the accompanying symptoms?
 4. For adults with a depressive syndrome, do commonly used antidepressants differ in safety, adverse events, or adherence? Adverse effects of interest include but are not limited to nausea, diarrhea, headache, tremor, daytime sedation, decreased libido, failure to achieve orgasm, nervousness, insomnia, and more severe events including suicide.
 5. How do the efficacy, effectiveness, or harms of treatment with antidepressants for a depressive syndrome differ for the following subpopulations:
 - Elderly or very elderly patients;
 - Other demographic groups (defined by age, ethnic or racial groups, and sex);
 - Patients with medical comorbidities (e.g., ischemic heart disease, cancer)?
- A meta-analysis titled *Metareview on short-term effectiveness and safety of antidepressants for depression: an evidence-based approach to inform clinical practice*. This review examined multiple areas relevant to the use of antidepressants in clinical practice, and findings were interpreted in the context of implementing effective treatment strategies that use antidepressant drugs for acute treatment of depression in daily, real-world clinical practice. Areas addressed in this review include:

- antidepressant drugs compared with placebo in primary care
- the comparative efficacy of antidepressant drugs
- treatment of psychotic depression
- IV administration of antidepressant drugs
- treatment of atypical depression
- maternal use of SSRIs, pregnancy outcomes, and breast-feeding
- antidepressant drugs and suicide.